

F/6-19-22

AFFIDAVIT OF CORRECTION TO BIRTH RECORD

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Enter Correct Information Concerning Person Whose Birth Record is Being Amended

REGISTRANT'S FULL NAME AT BIRTH <b>MILDRED ZULIEN HIGGINS</b>				STATE FILE OR BIRTH NUMBER <b>139-22-004468</b>		
Month <b>Feb</b>		Day <b>16</b>	Year <b>1922</b>	City or Town <b>Greenwood</b>		State <b>S. C.</b>
BIRTH DATE		BIRTH PLACE	COUNTY			STATE

ITEMS TO BE AMENDED OR CORRECTED

ITEM OMITTED OR IN ERROR	BIRTH CERTIFICATE SHOWS	SHOULD BE
Given name of child	Unnamed Higgins	Mildred Zulien Higgins

AFFIDAVIT

I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:

SIGNATURE OF PARENT (OR OTHER) *M. N. Higgins*

RELATIONSHIP **Father**

NOTARY (AFFIX SEAL)

SUBSCRIBED AND SWORN TO BEFORE ME ON **Apr 19 1978**

SIGNATURE OF NOTARY *Deloris B Moore*

NOTARY COMMISSION EXPIRES **Mar 11 1985**

AFFIDAVIT

I HEREBY DECLARE UPON OATH THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:

SIGNATURE OF PARENT (OR OTHER)

RELATIONSHIP

NOTARY (AFFIX SEAL)

SUBSCRIBED AND SWORN TO BEFORE ME ON **19**

SIGNATURE OF NOTARY

NOTARY COMMISSION EXPIRES **19**

DO NOT WRITE BELOW THIS LINE

ABSTRACT of Supporting Evidence (for health dept. use)

NAME AND KIND OF DOCUMENT (INCLUDING BY WHOM ISSUED AND DATE OF ISSUE)		DATE ORIGINAL DOCUMENT WAS MADE
1	Furman University Registrar's Record, Greenville, S.C.	Sep 15 1938
2		
3		
INFORMATION CONCERNING REGISTRANT AS STATED IN DOCUMENT OF CORRESPONDING NUMBER ABOVE		
1	Mildred Zulien Higgins, DOB: Feb 16 1922	
2		
3		

DHEC No. 613

Rev. 2/75

ADDITIONAL INFORMATION

I certify that I have examined the documents referred to above, that they show no changes or erasures, and appear to be authentic.

ASSISTANT STATE REGISTRAR *Dorison Byars*

EVIDENCE REVIEWED BY *Deloris B Moore*

DATE FILED **4-25-78**

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